

10/568975

IAP20 Rec'd PCT/PTO 21 FEB 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : TO BE ASSIGNED, WHICH IS A NATIONAL STAGE APPLICATION OF
PCT/US2004/021740, FILED JULY 8, 2004

Applicant : HENRY, ET AL.

Filed : CONCURRENTLY HEREWITH

Title : DIRECT DETERMINATION OF CARBOHYDRATES, AMINO ACIDS AND
ANTIBIOTICS BY MICROCHIP ELECTROPHORESIS WITH PULSED
AMPEROMETRIC DETECTION

Art Unit : TO BE ASSIGNED

Examiner : TO BE ASSIGNED

Atty Docket No. : CSUR-0004-US1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §§ 1.51(d), 1.56, 1.97 and 1.98, this Information Disclosure Statement is submitted in the above-identified patent application. A listing of documents to be published on the face of any patent granted from this application is submitted herewith on Form PTO/SB/08. Any other documents or information submitted for consideration by the Examiner are listed in this paper. A copy of each foreign patent, or each publication or portion thereof listed or herein identified, is submitted herewith, except that a copy of any U.S. patent application identified herein or any patent, publication or other information listed herein cited or submitted in a prior application relied upon for an earlier filing date under 35 U.S.C. § 120 and identified below, is not submitted herewith.

CERTIFICATION

This Information Disclosure Statement is submitted within three months of (i) the filing date of the above-identified U.S. National Patent application, or (ii) before the first office action on the merits, or (iii) the date of entry into the U.S. National Stage of the above-identified International Application, or (iv) the date of entry into the U.S. National Stage of the International Application that has been assigned the above-identified U.S. Patent application number, whichever applies.

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The Commissioner is hereby authorized to charge payment of any fees associated with this communication, including fees under 37 C.F.R. §§ 1.16 and 1.17 or credit any overpayment to **Deposit Account Number 10-0233-CSUR-0004-US1.**

The Examiner is requested to acknowledge consideration of the information provided in this paper in accordance with prescribed procedures.

Respectfully submitted,



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February 21, 2006

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Substitute for Form PTO-1449

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

1

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<i>Complete If Known</i>	
Applicant Number	107568975
Filing Date	
First Named Inventor	HENRY, Charles S.
Art Unit	TO BE ASSIGNED
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	CSUR-0004-US1

NON PATENT LITERATURE DOCUMENTS

Examiner's Signature _____ **Date Considered** _____

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

<i>Complete If Known</i>	
Applicant Number	To Be Assigned 10/10/2075
Filing Date	Concurrently Herewith
First Named Inventor	HENRY, Charles S.
Art Unit	To Be Assigned
Examiner Name	To BE Assigned
Attorney Docket Number	CSUR-0004-US1

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner's Signature		Date Considered	
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